

## Parks & Recreation Dept. Registration Form

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address (in Town of Southampton): \_\_\_\_\_  
Street City State Zip

Mailing Address (other residence, if applicable): \_\_\_\_\_  
Street City State Zip

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_

<u>Registrant Name</u>	<u>Program Name</u>	<u>Program # (if applicable)</u>	<u>Program Fee</u>
		1st Choice: 2nd Choice:	
		1st Choice: 2nd Choice:	
		1st Choice: 2nd Choice:	
		1st Choice: 2nd Choice:	

**IF YOU DID NOT RECEIVE THIS IN THE MAIL - PLEASE READ PAGE 3 CAREFULLY!**

**★ PLEASE MAKE COPIES OF REGISTRATION FORM IF ADDITIONAL SPACE IS NEEDED ★**

**Make checks payable to the "Town of Southampton" PLEASE SUBMIT SEPARATE CHECKS FOR EACH PROGRAM**  
**(This allows us to return checks for programs which have filled, without holding up registrations for other programs)**  
**Mail To: Town of Southampton, Parks & Recreation Department, 6 Newtown Road, Hampton Bays, NY 11946**